

FOR HHA RENEWAL APPLICANTS ONLY
(See reverse for general information)

Name	*Social Security Number
California HHA Certificate Number	Expiration Date

You will not be required to submit this form at the time of renewal; however, you must be prepared to provide documentation of these hours if asked to do so by the Aide and Technician Certification Section (ATCS). You may substitute this form; however, it must follow this same format. Class time cannot be counted unless it is at least one hour long. You may duplicate this form as needed.

[illegible]

Date _____

